

# Hazard Assessment and Control Form

This document summarizes key hazards and controls needed to perform work including, in some cases, specific respirators to be used. In accordance with ES&H *Manual C2*, this document is not a work authorization.

|                         |                         |
|-------------------------|-------------------------|
| File name:              | Prep/Rev. Date:         |
| Prepared by (list all): | Reviewed by (list all): |
| Expiration Date:        |                         |

Fill in only the necessary blocks.

## Operation Description

|                                   |               |                              |                         |
|-----------------------------------|---------------|------------------------------|-------------------------|
| Building:                         | Room/Area:    | Supporting Documentation ID: | Supporting Doc' Needed? |
| ES&H Team:                        | Program:      | Preparation Date:            | Operation Start Date:   |
| Supervisor or Responsible Person: | Employee No.: | Phone/Page No.:              |                         |
| Operation                         | Hours/Day:    | Days/Year:                   |                         |

**Operation Description:** If the work is done in phases or as discrete activities, then define the work to be done in each phase or activity with enough precision so the reader will know when a new phase or activity requiring new PPE is beginning.

| Personnel Involved:<br>Name(s) | LLNL<br>Employee No. | Job<br>Category Code | Relative Exposure rating |
|--------------------------------|----------------------|----------------------|--------------------------|
|                                |                      |                      |                          |
|                                |                      |                      |                          |
|                                |                      |                      |                          |
|                                |                      |                      |                          |

Comments: \_\_\_\_\_

## Hazard Evaluation

|                   |
|-------------------|
| <b>Hazard(s):</b> |
|-------------------|

Potential for: CS entry \_\_\_\_\_ Permit CS entry \_\_\_\_\_ O<sub>2</sub> Deficiency \_\_\_\_\_ Peroxide Formation \_\_\_\_\_

| No. | Agent | Exposure Level | Exposure Limit Type | Route(s) of Exposure | Evaluation Type | Current OEL | Reference Source |
|-----|-------|----------------|---------------------|----------------------|-----------------|-------------|------------------|
| 1   |       |                |                     |                      |                 |             |                  |
| 2   |       |                |                     |                      |                 |             |                  |
| 3   |       |                |                     |                      |                 |             |                  |

Is Additional Monitoring Necessary? Yes \_\_\_\_\_ No \_\_\_\_\_ Under Review \_\_\_\_\_

### Rationale:

If the Answer is Yes, also complete the following:

| No. | Agent | Method | Dates for Initial Monitoring | Periodic Monitoring Frequency |
|-----|-------|--------|------------------------------|-------------------------------|
|     |       |        |                              |                               |
|     |       |        |                              |                               |
|     |       |        |                              |                               |

## Control Methods

### Engineering Controls:

|                       | Phase/Activity1 | Phase/Activity 2 | Phase/Activity 3 |
|-----------------------|-----------------|------------------|------------------|
| Eyewash/Shower        |                 |                  |                  |
| Glovebox              |                 |                  |                  |
| Hood/fan number       |                 |                  |                  |
| Interlocks            |                 |                  |                  |
| Portable ventilation  |                 |                  |                  |
| Other engin. controls |                 |                  |                  |
| Comments:             |                 |                  |                  |

### Administrative Controls:

|                       | Phase/Activity1 | Phase/Activity 2 | Phase/Activity 3 |
|-----------------------|-----------------|------------------|------------------|
| Training              |                 |                  |                  |
| Requirements:         |                 |                  |                  |
| Respirator-related    |                 |                  |                  |
| HAZCOM-related        |                 |                  |                  |
| Posting/labeling      |                 |                  |                  |
| HHC Poster            |                 |                  |                  |
| Other signs/labels    |                 |                  |                  |
| Other admin. controls |                 |                  |                  |
| Medical surveillance? |                 |                  |                  |
| Comments:             |                 |                  |                  |

### Personal Protective Equipment:

|                    | Phase/Activity1 | Phase/Activity 2 | Phase/Activity 3 |
|--------------------|-----------------|------------------|------------------|
| Eye protection     |                 |                  |                  |
| Garments           |                 |                  |                  |
| Gloves             |                 |                  |                  |
| Head protection    |                 |                  |                  |
| Hearing protection |                 |                  |                  |
| Safety shoes       |                 |                  |                  |
| Shoe covers        |                 |                  |                  |
| Other PPE controls |                 |                  |                  |
| Comments:          |                 |                  |                  |

### Respiratory Protection Requirements:

#### Air Purifying Respirators:

|                                   | Phase/Activity1 | Phase/Activity 2 | Phase/Activity 3 |
|-----------------------------------|-----------------|------------------|------------------|
| <i>Filter/Cartridge Type</i>      |                 |                  |                  |
| N 95 P95 or R95                   |                 |                  |                  |
| HEPA/P100                         |                 |                  |                  |
| Acid gas                          |                 |                  |                  |
| Organic vapor                     |                 |                  |                  |
| Comb.(specify type)               |                 |                  |                  |
| Multiple vapor<br>("GME")         |                 |                  |                  |
| Other cartridge<br>(specify type) |                 |                  |                  |
| Canister (specify type)           |                 |                  |                  |
| <i>Configuration</i>              |                 |                  |                  |
| Filtering facepiece (dust mask)   |                 |                  |                  |
| N95 P95 R95 P100                  |                 |                  |                  |
| Half mask APR                     |                 |                  |                  |
| Full facepiece APR                |                 |                  |                  |
| Other APR(specify type)           |                 |                  |                  |

*Air Purifying Respirators (Contd.):*

|  |  |  |  |
|--|--|--|--|
| Frequency of respirator exchange (if not daily, consider cartridge changeout):   |  |  |  |
| OK to reuse filter? ____ Note any other decontamination instructions below.<br>For filtering facepiece respirators only:<br>Is this respirator being used to prevent allergic reactions? ____ ,<br>Is this respirator being used for personal comfort/preference? ____ |  |  |  |
| Comments:  |  |  |  |

*Air Supplied Respirators*

|                                | Phase/Activity 1 | Phase/Activity 2 | Phase/Activity 3 |
|--------------------------------|------------------|------------------|------------------|
| <i>Operating Type</i>          |                  |                  |                  |
| Constant flow                  |                  |                  |                  |
| Pressure demand                |                  |                  |                  |
| <i>Type</i>                    |                  |                  |                  |
| SCBA                           |                  |                  |                  |
| Airline                        |                  |                  |                  |
| Airline w/escape bottle        |                  |                  |                  |
| Type (if <b>not</b> Full Face) |                  |                  |                  |
| <i>Air source/location</i>     |                  |                  |                  |
| Comments:                      |                  |                  |                  |

|                           |  |           |  |
|---------------------------|--|-----------|--|
| Issue Point Administrator |  | Badge No. |  |
| Issue Point Location      |  |           |  |

**Additional Control Requirements**

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|  |
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**General Comments**

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**Emergency Procedures**

|  |
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| Specify emergency measures, if applicable: |
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**Prejob Briefing/Worker Acknowledgment:**

**NOTE: This section is *optional* depending on ES&H Team and client organization procedures.**

I have read the requirements on this Hazard Assessment and discussed the job with Hazards Control personnel. I understand and accept my responsibilities to safely carry out this operation.

| Name | Signature | Employee # | Date |
|------|-----------|------------|------|
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